

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033129

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 254 Primary Registration District No. 3052 Registrar's No. 274

STATE FILE NUMBER

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY OR TOWN <u>Excelsior Springs</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sedalia</u>		Length of stay in lb <u>30 minutes</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Bothwell Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>708 Magnolia</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES RUSSELL O'DELL</u>			4. DATE OF DEATH Month Day Year <u>August 11, 1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-26-44</u>	9. AGE (last birthday) <u>18</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and state or country) <u>Denver, Colorado</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James D. O'Dell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Catherine Lewallen</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>James D. O'Dell, Excelsior Springs, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Severe brain injury</u> DUE TO (b) <u>Basal skull fracture</u> DUE TO (c) <u>Fractured jaw</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>4 hrs</u> <u>4 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell off bluff</u>	
20c. TIME OF INJURY Hour <u>9:45</u> a.m. Month, Day, Year <u>8/11/63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Benton Lake Area Camp</u>	
20f. CITY, TOWN, OR LOCATION <u>Excelsior Springs, Mo</u>		20g. COUNTY <u>Pettis</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>Aug 11, 1963</u> to <u>Aug 11, 1963</u> and last saw her/him alive on <u>8/11/63</u> Death occurred at <u>11:42 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Elliot M. Braverman MD</u>		22b. ADDRESS <u>1806 W 11th St. Sedalia, Mo.</u>		22c. DATE SIGNED <u>8/11/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug. 13, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	
23d. LOCATION (City, town, or county) <u>Excelsior Springs, Mo</u>		23e. STATE <u>Mo</u>		23f. COUNTY <u>Pettis</u>	
24. FUNERAL DIRECTOR <u>D. W. HECKART,</u>		24a. ADDRESS <u>Gillespie Funeral Home, Sedalia, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 13, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u> <u>Per A. Anderson</u>					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 8808
2 6001
3 2
4 0
5 0
6 0
7 1
8 2
9 9028
10 44
11 080
12 1-0
13 1-0

AUG 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3470

P. O. Address Sealdia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.